

Navy & Marine Corps Medical News
MN-99-10
March 12, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Anthrax veteran claims vaccine 'no big deal'

Headline: Military health system nears goals for Y2K compliance

Headline: Great Lakes provides anesthetists to Navy's newest carrier

Headline: NEPMUs celebrate 50 years of service

Headline: Ukrainian native makes a new home in Navy Medicine

Headline: Trade Media recognizes Bremerton for technical accomplishments

Headline: Pensacola receives second consecutive Golden Anchor award

Headline: TRICARE question and answer

Headline: Healthwatch: Eating well while on the road

-USN-

Headline: Anthrax veteran claims vaccine 'no big deal'

By Pfc. Eric Cantu, Marine Corps Air Station Yuma, Ariz.

YUMA, Ariz. -- As a boy growing up on a cattle ranch in Kimberly, Idaho, Staff Sgt. Mark Hughes would often watch his father, a veterinarian, give their cattle a variety of shots to protect them from various diseases. While his father took the time to protect his cattle, he also vaccinated his family against the fatal Anthrax bacteria common to the livestock industry. That boy, now a Marine with Marine Aviation Logistics Squadron-13, rubbed his arm and dashed off to explore the ranch, forgetting all about the shot.

Thirty-four years later, Hughes is healthy and feels that the reservations of some service members about the anthrax vaccination are unfounded.

"I'm still here. I don't have any cancer. I'm not dying. It doesn't cause sterility. And that's a fact, I have five children," said Hughes. "It's really no big deal."

Since Secretary of Defense William Cohen ordered all military personnel to receive the Anthrax vaccination, controversy and fears have risen about the vaccine's safety. Those concerns and fears are fueled by unsubstantiated reports posted on the internet or put forth by groups with their own agenda.

The vaccine was licensed by the Food and Drug Administration in 1970 after years of extensive scientific

experiments and tests, which yielded no conclusive evidence that the vaccine causes long-term side effects or health problems. The vaccine has been administered to veterinarians, laboratory workers and livestock workers for more than 28 years. Even Cohen and the Commandant of the Marine Corps, Gen. Charles C. Krulak received the vaccination.

Since Hughes received his first Anthrax shot, it has been long enough to prove to him that there are no long-term effects to worry about. Not only is Hughes healthy and fertile, his entire family has received the vaccinations and are just as healthy.

"All my brothers and sisters are married and have children. We all have 10 toes and 10 fingers," said Hughes. He said he has never heard of any health problems with any of them.

While the deadly *Bacillus Anthracis* bacteria has been mostly eradicated in livestock in the United States, military members are more likely to face a deadlier form of the disease produced by hostile countries. A biological weapon could contain Inhalation Anthrax, which has the same symptoms as the form that affects livestock, said LCDR Cynthia Heins, MC, Marine Aircraft Group-13 group surgeon.

According to Heins, within the first 24 hours of being exposed to Anthrax, the victim might develop a slight fever, muscle pains, cough, chest pains and malaise. This initial phase is usually mistaken as a common virus, which makes the early diagnosis and treatment of Anthrax virtually impossible. Sometimes this initial phase is followed by a brief recovery period.

The onset of worse symptoms will begin within 24 hours and includes shortness of breath, wheezing caused by increased difficulty in breathing, and internal bleeding that may flood the lungs, esophagus and the brain. At that point, the victim may begin to cough up blood and to bleed from the ears, nose, and the eyes. The bleeding causes the victim to turn blue or black in color. Sweating, a swelling of the chest area, seizures, and severe shock from blood loss also occurs before the victim ultimately dies.

"It's a horrible death," said Heins. "The victim's final agonizing days may be worse than anything he or she has ever experienced . . . and it's 100 percent fatal."

Along with a gas mask, a person's best protection against Anthrax is prior vaccination.

"We call it our biological flak jacket," said Heins. "Just like a flak jacket protects us from bullets, the vaccine protects us from Anthrax."

Heins said there is no reason to fear this vaccine.

"The Anthrax vaccination is no different from any of the other vaccinations we get," said Heins.

While Hughes has no reservations about the vaccine, he understands why people have concerns.

"We, as Marines today, are being told all of a sudden there's a new shot that we have to get and that's where all

the fear comes in," said Hughes.

Hughes will be retiring from the Marine Corps in December and his plans may include returning to Idaho and the way of life in which he was raised. And just as his father did for him on that small cattle ranch more than 30 years ago, Hughes said he plans to protect his own family. "I'm going to get it, my children are going to get it and my wife is going to get it," said Hughes about the Anthrax vaccine. "I truly believe in my heart that it's a good thing."

-USN-

Headline: Military health system nears goals for Y2K compliance
From TRICARE Management Activity

ALEXANDRIA, Va -- With its proactive "Year 2000 Project Plan," the Military Health System (MHS) expects to be well fortified against attack from the much-publicized Y2K date processing "bug."

"Achieving Y2K compliance is the highest priority in the MHS information technology program," said James C. Reardon, chief information officer for the MHS. "Our objective is to ensure uninterrupted, world-class health care to our beneficiaries and to maintain medical readiness on and after Jan. 1, 2000."

Health care information systems, biomedical devices, and facility infrastructure components throughout the MHS are being fixed and tested to ensure that the two-digit date fields will not corrupt data and induce system failures.

All of the MHS Y2K health-mission-critical systems met a December 1998 deadline, and were certified for Y2K compliance. According to the results of a Department of Defense inspector general's mid-December 1998 audit, "OASD (HA) staff...aggressively searched to identify Year 2000 problems and solutions, and initiated many actions to correct the issues." The report commended the staff's "proactive and aggressive approach to resolving Year 2000 issues."

March 31, 1999, will mark another significant milestone on the road to Y2K compliance for the MHS. Goals for March include Y2K compliance of remaining military treatment facility (MTF) computer systems, biomedical equipment, and facility systems (such as air conditioning, elevators, and security systems). Any system or device that does not meet the March 31, 1999, target date, primarily because of manufacturer delays, will be carefully monitored and reported until it is 100 percent compliant.

The MHS' next step is to validate the continuity of Y2K-critical business functions through computer system end-to-end testing. This requires identifying and testing Y2K-compliant systems that support the critical functions and ensuring accurate and uninterrupted data exchanges between them. The MHS will be testing with TRICARE contractors, pharmaceutical supply vendors, and the Defense Enrollment Eligibility Reporting System (DEERS). Testing will be

completed by summer 1999.

The Office of the Assistant Secretary of Defense (Health Affairs) and its TRICARE partners are actively sharing their Y2K progress and working together to ensure the continuity of TRICARE health care into the year 2000.

"MHS is developing Y2K contingency plans, and plans for continuity of services to resolve any unexpected events that may result from business partners or public infrastructure problems," Reardon said.

Contingency plans include backup power systems that will be on-site for any power outages. For computer system problems, rapid-response teams will recover lost data and reconfigure data links. Plans for continuity of services include additional personnel to support manual data recording. All of this planning will provide a safety net for the MHS.

In addition, an MHS Situation Awareness Ready Room will be established. MTFs will be able to report all Y2K-related problems to this standby action team on a toll-free telephone number. The Ready Room staff will assess problems,

develop action plans, and communicate their findings throughout the MHS. Early emphasis will be placed on rapidly containing, and developing solutions to any problem that may arise and forwarding the solutions to the sites.

"I am pleased with the MHS senior leadership's strong support of the Y2K program, and also with the progress to date in achieving MHS enterprise-wide Y2K compliance," Reardon said.

-USN-

Headline: Great Lakes provides anesthetists to Navy's newest carrier

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Naval Hospital Great Lakes' Anesthesia Department is proud to have a connection with America's newest carrier, USS Harry S Truman (CVN 75).

Several anesthesiologists and nurse anesthetists from Great Lakes rotated through the ship to prepare for its commissioning July 25, 1998. LCDR Martha W. Carter, MC, was onboard last spring to lay the groundwork for shipboard anesthesia support. She was followed by LCDR Terese Warner, NC, and LCDR Gail Sweet, NC, who continued setting up the operating room making it ready to provide needed support to the ship's crew.

CDR Bruce Barger, MC, head of anesthesia, participated in the carrier's first tiger cruise earlier this year. Currently, LT Joseph McVicker, NC, is onboard. Before reporting to the Truman McVicker said, "I look forward to being part of ship's medical. We have integrated well with the crew and I hope to provide further support to the fleet and practice medical techniques in a shipboard setting."

Naval Hospital Great Lakes will continue to provide Truman with anesthesia support and is proud to call some of its staff members plankowners who assisted in setting up surgical support aboard the carrier.

-USN-

Headline: NEPMUs celebrate 50 years of service
By Karen Murphy, Navy Environmental Health Center

Norfolk, Va. -- On March 10th the four Navy Environmental and Preventive Medicine Units (NEPMUs), located in Norfolk, Va, San Diego, Pearl Harbor, Hawaii, and Sigonella, Italy, celebrated their 50th anniversary. The units honor a distinguished record of protecting the health of Sailors and Marines, during war and peacetime dating back to World War II.

The year was 1942, and U.S. forces in the South Pacific were engaged in heavy fighting in the Solomons Campaign. Battle injuries were high, but communicable diseases claimed more lives than enemy fire.

Navy Medicine responded by forming Malaria and Epidemic Control Units. The preventive medicine experts in these 150 units succeeded in protecting the health of U.S. warfighters in the South Pacific and reducing the number of casualties caused by disease.

In 1949 the Navy disbanded these units and established six Navy Epidemic Disease Control Units. Their mission, to prevent epidemic disease conditions by providing technical assistance to local commands, is as vital in 1999 as it was 50 years ago, but it's only a part of the work of today's NEPMUs.

The NEPMUs, under the command of the Navy Environmental Health Center, Norfolk, Va, take preventive medicine, occupational health and safety, and environmental health to the fleet. NEPMUs provide training, environmental health surveys and technical assistance visits aboard ships to help make sure the water is safe to drink, the food is safe to eat and crew berthing facilities are up to Navy standards. They also provide expertise in pest management, surveillance and control.

"Their primary mission is in support of the operating forces," said HMCM (ret) Jackie Brown, former enlisted technical leader for preventive medicine. "This requires them to work in combat and often adverse situations and conditions," he added.

During the Gulf War in 1991, a team of preventive medicine experts from the four NEPMUs deployed to Saudi Arabia. When the war ended and the Iraqis abandoned Kuwait City, the team moved in to help secure safe drinking water and restore medical facilities.

HMC Dawna Wilson, a preventive medicine technician, remembers a trip to the Kuwaiti reservoirs, which was the only remaining supply of drinking water for the citizens of Kuwait. Iraqi forces had destroyed Kuwait's desalinization

plants, and it was suspected they might have poisoned the reservoirs with biological or chemical agents.

The team drove, then walked, through live Iraqi battlefields littered with land mines and booby-traps. The water tested safe, but the trip was not only life-threatening, but eerie, according to Wilson, who remembers "lines of burned out vehicles as far as the eye could see."

In 1992, the Secretary of the Navy awarded the Navy Unit Commendation to the units for exceptionally meritorious service in support of the deployment of Naval forces for Operation Desert Shield and Desert Storm.

NEPMU personnel accompany troops on combat missions, humanitarian assistance, and joint exercises. The units helped people in need around the world, from the Midwestern floods here at home to the Haitian immigrant crisis. In December, the units deployed preventive medicine teams to Honduras and Nicaragua to provide assistance following the devastation of Hurricane Mitch.

NEPMU personnel have taught Public Health Officials how to control mosquitoes on the Pacific Island nation of Palau and investigated a tuberculosis outbreak on the USS WASP. They have tested unknown substances in two recent Anthrax scares in Virginia and Hawaii. During the past month they have advised commanders on field sanitation for Exercise Cornerstone 99-2 in Latvia, Exercise Crocodile 99 in Australia, and Operation Edged Mallet in Mombassa, Kenya.

"I firmly believe that your efforts are among the top force multipliers that a unit commander can depend on when planning for missions," wrote VADM Daniel J. Murphy, Jr., Commander, Sixth Fleet, in a Happy 50th Birthday Message to the units. "Bravo Zulu to the men and women of your command for keeping our forces ready for combat."

-USN-

Headline: Ukrainian native makes a new home in Navy Medicine
By LT Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes
and Judy Lazarus, Naval Training Center

GREAT LAKES, Ill. - Hospitalman Surface Warfare Vadim Gurevich, immigrated to the United States seven years ago and is living the American experience as a U.S. Navy corpsman.

Gurevich arrived in Michigan when he was 17 years old and with only a basic knowledge of English.

"I watched cartoons, movies, television and talked to people. That's how I learned English and practiced my American accent," said Gurevich.

In the four years he has been in the Navy he has conquered the language barrier, completing boot camp and hospital corps school in Great Lakes and earning his Enlisted Surface Warfare Pin while at sea. He now works at the Naval Hospital Great Lakes Alcohol Rehabilitation Department handling in-patients, maintaining records and making appointments. His true passion is computers and he

hopes to make a career as a programmer or in computer repair.

Gurevich is no stranger to naval medicine as his grandfather was a physician in the Ukrainian Navy of the former Soviet Union. As a Navy corpsman he is finding coalition building part of his Navy adventure.

"I was sent to the Atlantic Fleet in Norfolk when the Ukrainian Navy visited the United States and served in Camp Lejeune as a translator for Ukrainian forces training with the U.S. Marines," said Gurevich. He went on to explain the economic hardships of his native-country saying, "You cannot get a job without a university degree and government patronage. Since many people do not have money for university, there is no chance for a job. Many resort to fishing, farming and other things to etch out a living."

The U.S. Navy is a reflection of society and HN Gurevich represents one of the thousands of Sailors who bring diversity and bridge the gap between cultures.

-USN-

Headline: Trade Media recognizes Bremerton for technical accomplishments

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Success may be its own reward, but it never hurts to receive national recognition for a job well done. That is what has happened to the Naval Hospital Bremerton's Management Information Department recently as it was recognized in two national magazines for their technological accomplishments.

The department's months of hard work were showcased in "Government Computer News" and "Hospitals & Health Networks."

The story in the Feb. 8 edition of "Government Computer News" gets into the "techno" weeds as it describes the major operation performed on the technical systems of the hospital in the past year.

Headed by LT Kevin Darnell, MSC, hospital chief information officer and head of information management, the department was transformed from "a glorified helpdesk" into a system prepared for the new century.

Darnell spearheaded a project to up-grade or replace 700 personal computers in the main hospital facility and four branch medical clinics and manage a migration to Microsoft Exchange and Windows NT Workstation 4.0, from Windows for Workgroups 3.11 and merge three disparate e-mail systems.

"There will be major changes in the next five years," Darnell said. "We're going to see more voice recognition applications, web-based technologies, thin-client servers, and even wireless applications. Five years is almost a millennium in this field."

In the February issue of "Hospitals & Health Networks," Naval Hospital Bremerton was the only military hospital nation-wide to make the list of the top one hundred "wired" hospitals.

The list is comprised of not-for-profit, investor-run, and government-owned facilities that share the common commitment to using technology to link with employees, patients, suppliers and insurers.

Grading standards considered many categories, among which were patient services, disease management, clinical information, employee services, supplier functions and payer activities.

To read the articles in their entirety visit the magazines' website at www.hhnmag.com for Hospitals & Health Networks and www.ntgov.com/gcn/GCN/1999/feb8/40.htm for Government Computer News.

-USN-

Headline: Pensacola receives second consecutive Golden Anchor award

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- In a time when national media has reported the Armed Forces' difficulties in recruiting and retaining personnel, Naval Hospital Pensacola is achieving command goals for retention and addressing quality of life issues.

The Naval Hospital received its second annual Chief of Naval Education and Training (CNET) Golden Anchor Award in the large command category.

CNET's top award goes to the command that distinguishes itself in providing quality of life programs for Sailors and their families, enlisted advancement, enlisted and officer retention and accession and professional development programs.

"We're providing people with information to help them make an informed decision to go or stay in the Navy and we have more who want to stay," says HMC Maurice Finley, one of two Career Counselors at Naval Hospital Pensacola.

Naval Hospital's enlisted retention figures exceed national Navy retention figures in all categories: 47 percent of first-term personnel re-enlisted compared to Navy-wide figures of 31 percent; 57 percent of second-term personnel re-enlisted compared to 50 percent Navy wide; and 73 percent reenlisted compared to 58 percent Navy wide. "It's no small task competing for recognition among the numerous large commands within the CNET organization," says CNET Chief of Staff, Captain Robert Scott, "but to have won it two years in a row is nothing short of astounding." "Every Navy Career Counselor wants to achieve this type of award," says Navy Career Counselor N1 Eddie Verrett. "It symbolizes the type of program you run. Being awarded a Golden Anchor means you're running an efficient program, not just 'putting out information,' but actually giving people the right stuff so they can make their own decisions. It's about helping others achieve their personnel goals," he said.

-USN-

Headline: TRICARE question and answer

Question: How do TRICARE Service Centers assist beneficiaries?

Answer: TRICARE Service Centers are staffed by health care professionals who are there to help beneficiaries get the service that they need. Such as:

- Health Care Finders, who will make appointments and help find specialists when you need them. They also provide names of doctors participating in the TRICARE Extra network, and will help locate doctors who accept Medicare payments for services provided Medicare eligible beneficiaries age 65 and over.

- Beneficiary Services Representatives, who will help explain the options available to you and assist in your choice of the program that suits you best. They can enroll you in TRICARE Prime, assist with the selection of a Primary Care Manager, and help resolve any billing problems.

- TRICARE Service Centers also send beneficiaries TRICARE information packages describing the features of each of the TRICARE options and what alternatives are available for each beneficiary category.

-USN-

Headline: Healthwatch: Eating well while on the road
By LT Kristen Moe, MSC, Naval Hospital Pensacola

Are you getting ready to take a trip or go TAD? Let's face it, traveling can disrupt our exercise routine as well as our eating habits. It is very easy for us to pick up quick and convenient foods at airports, which can often be low fiber, high fat and high calorie.

If you are someone who is usually careful at home about your eating and eat these foods occasionally, challenge yourself to eat healthy while on the road. Here are some helpful tips for healthy eating:

1. Eat before you get to airport so you do not eat on the plane. Or call the airline ahead of time to order a healthy meal. Most airlines are very accommodating.
2. Bring a liter of water on flights.
3. Skip the hors d'oeuvres at dinner.
4. Order two appetizers or vegetarian meals at banquets and restaurants.
5. Eat breakfast. You are more likely to eat healthier and lighter at lunchtime.
6. Bring low-fat granola bars, cereal, raisins, fruit, bagels or nutrition bars with you for breakfast. This will help you to resist the temptation of a high fat breakfast.
7. If you are at a conference or meeting, take a walk at lunchtime and then grab something to go.
8. Walk whenever possible; challenge yourself to see as much of the city you are visiting as you can.
9. Dine alone. Keep in mind we generally eat more and faster when we are in a group.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-